

RECEIVED
CENTRAL FAX CENTER

FEB 06 2006

FAX TRANSMISSION

DATE: February 6, 2006

PTO IDENTIFIER: Application Number 10/506748
Patent Number

Inventor: Birch et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: FISH & NEAVE IP GROUP
ROPES & GRAY LLP
David P. Halstead, Ph.D.

PHONE: (617) 951-7615

Attorney Dkt. #: ASZD-P01-662

PAGES (Including Cover Sheet): 4

CONTENTS: Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence
Address (1 page)
Statement Under 37 CFR 3.73 (b) (1 page)
This Facsimile Cover Sheet (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7615 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

ROPES & GRAY LLP
One International Place, Boston, Massachusetts 02110-2624
Telephone: (617) 951-7000 Facsimile: (617) 951-7050

RECEIVED
CENTRAL FAX CENTER

0002/004

FEB 06 2006

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/506748

Attorney Docket No.: ASZD-P01-662

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on February 6, 2006 .
Date



Signature

Mary Jane DiPalma

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)
Statement Under 37 CFR 3.73 (b) (1 page)
Facsimile Cover Sheet (1 page)
This Certificate of Transmission (1 page)

RECEIVED 003/004
CENTRAL FAX CENTER

FEB 06 2006

PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/506,748
	Filing Date	September 3, 2004
	First Named Inventor	Alan Birch
	Art Unit	1625
	Examiner Name	Seaman, D. Margaret M.
	Attorney Docket Number	100662-1P US

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: 44992 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number:44992

OR

<input type="checkbox"/> Firm or Individual Name	AstraZeneca Pharmaceuticals LP				
Address	Global Intellectual Property 35 Gatehouse Drive				
City	Waltham				
Country	USA	State	MA	Zip	02451
Telephone	(781) 839-4000		Fax	(781) 839-4121	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature					
Name	Tracey Bryant				
Date	13 JANUARY 2006	Telephone	+44 (0) 1625 513228		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
<input checked="" type="checkbox"/>	*Total of <u>1</u> forms are submitted.				

RECEIVED
CENTRAL FAX CENTER

FEB 06 2006

PTO/SB/96 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Alan Martin Birch and Andrew David MorleyApplication No.: 10/506,748 Filed: September 3, 2004Entitled: INDOLE-AMIDE DERIVATIVES AND THEIR USE AS GLYCOGEN PHOSPHORYLASE INHIBITORSAstraZeneca AB, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 016331, Frame 0404, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


 Signature

13 JANUARY 2006
 Date

 Tracey Bryant
 Printed or Typed Name

Telephone Number

 Authorized Signer for Assignee
 Title: Patent Director, Oncology & Infection

+44 (0) 1625 513228